

**MULTI-DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL N

10/522110

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
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TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	19	↓	19	↓		↓
TOTAL CLAIMS	20		20			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						